

Index of Claims			Application No.	Applicant(s)				
			10/054,638	RYALL, ROBERT P.				
			Examiner S. Devi, Ph.D.	Art Unit 1645				
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> = Allowed		<input type="checkbox"/> - (Through numeral) <input type="checkbox"/> + Restricted Cancelled	<input type="checkbox"/> N Non-Elected <input type="checkbox"/> I Interference	<input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected				
Claim	Final Original	Date	Claim	Final Original	Date	Claim	Final Original	Date
1	11/04	11/04	51	12/04	12/04	101		
2			52	✓	✓	102		
3			53	✓		103		
4			54	✓	✓	104		
5			55	✓		105		
6			56	✓	✓	106		
7			57	✓	✓	107		
8			58			108		
9			59			109		
10			60			110		
11			61			111		
12			62			112		
13			63			113		
14			64			114		
15			65			115		
16			66			116		
17			67			117		
18	✓	✓✓✓✓✓	68			118		
19	✓	✓✓✓✓	69			119		
20	✓	✓✓✓✓✓	70			120		
21	✓	✓✓✓✓✓	71			121		
22	✓	✓✓✓✓✓	72			122		
23	✓	✓✓✓✓✓	73			123		
24	✓	✓✓✓✓✓	74			124		
25	✓	✓✓✓✓✓	75			125		
26	✓	✓✓✓✓✓	76			126		
27	✓	✓✓✓✓✓	77			127		
28	✓	✓✓✓✓✓	78			128		
29	✓	✓✓✓✓✓	79			129		
30	✓	✓✓✓✓✓	80			130		
31	✓	✓✓✓✓✓	81			131		
32	✓	✓✓✓✓✓	82			132		
33	✓	✓✓✓✓✓	83			133		
34	✓	✓✓✓✓✓	84			134		
35	✓	✓✓✓✓✓	85			135		
36	✓	✓✓✓✓✓	86			136		
37	✓		87			137		
38	✓		88			138		
39	✓		89			139		
40	✓		90			140		
41	✓		91			141		
42	✓		92			142		
43	✓		93			143		
44	✓		94			144		
45	✓		95			145		
46	✓	✓✓✓✓✓	96			146		
47	✓		97			147		
48	✓	✓✓✓✓✓	98			148		
49	✓	✓✓✓✓✓	99			149		
50	✓	✓✓✓✓✓	100			150		